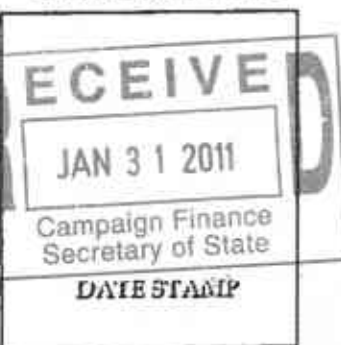


2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATECandidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate Chuck Espy
 Address PO 1508 n 514 Ashton Clarksdale
 Telephone 662 627 4182 Fax 662 627 9090
 Contact Name _____ Email Cespy@house.ms.gov
 Office Sought State Rep Dist 26 Political Party Dem


☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
 ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
 ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized + Non-itemized = | This Period | Calendar Year-To-Date |
|-------------------------------|---------------------------|-------------|-----------------------|
| Total amount of contributions | \$ 2250 +\$ 0 | \$ 2250 | \$ 2,250. |
| Total amount of disbursements | \$ +\$ | \$ | \$ |
| Total amount of cash on hand | | \$ | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1489 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

| | | |
|------------------------------------|---------------------------|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |

Name of Candidate or Committee Chuck Espy
 Reporting period _____ through _____

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--------------------------------------|--|
| Full name <u>PDL Support</u> | <u>9/28/10</u> | \$ <u>250</u> |
| Mailing Address <u>4551 W. 107th</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Overland Park KS 66207</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) <u>Check into Cash</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>250.</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>AT&T Pac</u> | <u>8/6/10</u> | \$ <u>500</u> |
| Mailing Address <u>175 E Capitol St</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Jackson MS 39201</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500</u> |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Chevron Policy Gvnt</u> | <u>7/26/10</u> | \$ <u>500</u> |
| Mailing Address <u>PO 9034</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Concord CA 94524</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Atmos Energy</u> | <u>10/15/10</u> | \$ <u>500</u> |
| Mailing Address <u>PO 650205</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Dallas Texas 75265</u> | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500</u> |

Name of Candidate or Committee Chuck Espy

Reporting period _____ through _____

ITEMIZED RECEIPTS

| | | | |
|--|--|-----------------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Don Soper</u> | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| Mailing Address _____ | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| City, State, Zip Code _____ | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| Name of Employer (Required) _____ | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MS Agents & Employee</u> | | <u>2</u> / <u>27</u> / <u>10</u> | \$ <u>200</u> |
| Mailing Address <u>PO 39</u> | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| City, State, Zip Code <u>Olive Branch MS 38654</u> | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| Name of Employer (Required) _____ | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>200</u> |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>MS Ass for Homecare</u> | | <u>11</u> / <u>22</u> / <u>10</u> | \$ <u>300</u> |
| Mailing Address <u>134 Fairmont St</u> | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| City, State, Zip Code <u>Clinton MS 39056</u> | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| Name of Employer (Required) _____ | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>300</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name _____ | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| Mailing Address _____ | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| City, State, Zip Code _____ | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| Name of Employer (Required) _____ | | <u>1</u> / <u>1</u> / <u>10</u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ |